

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 67

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Kieran Michael Lalor 2008

**A.**

Full Name (Last, First, Middle Initial)

Camelot Group

Mailing Address PO Box 370

City

LaGrangeville

State

NY

Zip Code

Purpose of Disbursement

Refund - corporation

Candidate Name

Kieran Michael Lalor 2008

Office Sought:

☒

House

☐

Senate

☐

President

State: NY

District: 19

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

010

Category/  
Type

Transaction ID: SB20A.19572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Amount of Each Disbursement this Period

250.00
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

250.00